CI	LA	MS	ON	IY
	ms II		\mathbf{v}_{i}	

Application Number

/0/067/075

Applicant(s)

Filing Date

_		_	-	-			
*	May	be	used	for	additional	daims or	amendments
-		_					

					H. 1			
CLAIMS	AS	FILED	AFTE	RFIRST	AFTER	AFTER SECOND		
	AS 11/4	105	AMEI	NDMENT	AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1							
· 2								
3								
4	_			ļ				
5 6			··-			-		
7	$\overline{}$				ļ			
8						-		
9								
10		d				<u> </u>		
11		1						
12								
13		/						
14								
15 16								
17								
18								
19								
20								
21								
22								
23								
24 25						<u> </u>		
26								
27								
28								
29					7'			
30					···			
31								
32								
33 34								
35								
36			:					
37								
38								
39								
40								
41				- 47				
42								
43	-				1.			
45								
46								
47								
48								
49								
50								
Total	2							
ndep	5	· _						
Total Depend	6	_	◆		◆	-		
Total			-					
Claims	8							

	*		*	ondine its	*		
	Indep	Depend	Indep	Depend	Indep	Depe	
51					-	13000	
52							
53							
54							
55							
56							
57							
58	ļ						
59	ļ						
60					<u> </u>		
61				·	ļ		
62 63							
64	 						
65							
66		·		<u> </u>			
67							
68							
69				 	·		
70					}i		
71		——————————————————————————————————————			 _		
72	l	<u> </u>				·	
73							
74							
75							
76							
77						-	
78						-	
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91 92							
93							
94							
95							
96						-	
97							
98							
99							
100							
Total							
Indep							
Total		J þ		}			
Depend							
Total							
Claims							